Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decassed lived, If institution: Residence before admission, y is necessary, sai director. Page for your files. a. COUNTY Health, b. COUNTY m. STATE Charles MARYLAND Marvland Charles b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural LaPlata, Md.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Dentsville, Md . IS RESIDENCE ON A FARM? Physician's Memorial Hospital uid be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the furnal-frice along with form PM3. Page 5 may be jettine burial-transit permit. File pages 1 and 2 with the factor was and in any event within 72 hours efter leath. YES A NO T Middle 4. DATE Month DECEASED (Type or print) DEATH 19 66 STANLEY LEROY 18 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 14,1965 Oct. last birthday) male negro DIVORCED 10 USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done Yuring most of working life, even if relired Maryland Marbury . Infant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Evelyn Barber Sunny Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unknown) i (If vasqive werer dates of service) Evelyn Barber-Mother-Dentsville, Md. Office elong with burial-transit permi None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Hydrocophalas Pneumonitis due to aspiration of IMMEDIATE CAUSE (a) Old/thrombos/s/of/dural/singles food due to congenital malformation of brain gave rise to immediata cause "pending" Medical Examiner (megalocephaly with microgyria) causa lad. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? forwarded to the Chief Medical E. DIRECTOR: Page 3 should be "Old thrombosis of dural sinuses" YES & NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) Hour e.m. Not While et work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection Inquiry and in my opinion designated agent, death resulted from Natural causes IX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Sacred Heart Cemetery /21/1966 Maryland La 40 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Arehart Funeral Home, Inc .- La Plata, Md. JAN 5M 7/59

PAND STATE DEPARTMENT OF HEALTH

Item 18 Film G373

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **DHOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3 PLACE OF DEATH 11 2 HISHAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)

s. COUNTY Charles MARYLAND	A STATE DESTANTED B. COUNTY St. Lucie
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) Fort Pierce 47-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM2
Physicans Memorial Hospital	1928 Eucalytus Street YES NO (A)
3. NAME OF DECEASED (Type or print) CAROL KROLL BOH.	NSTENETZ DEATH Par 28 1966
7. MARKED THE REAL MARKED	B. DATE OF BIRTH 9. AGE (In yourn IFUNDER 1 YEAR IFUNDER 24 HRS. AGE (In yourn IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Mi
White WIDOWED DIVORCED DIVORDIVORDI DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV	Dec. 7, 1892 /3 yrs.
during most of working life, even if retired) Supervisor-Retired U.S. Commerace	Dept./ Illinois U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Kroll	Minnie Kroll
(Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Addriort Tobacco,
No 313-18-1582 I	Mr. Gerald E. Foreman-Son ,Md.
18. GAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	herror have interval between onset and death 2 class
3 3 / X IMMEDIATE CAUSE (a)	menor in a second
Conditions, if any, which \	
gave rise to immediate	
cause (a), stating the	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ICATI	PERFORMED? YES NO X
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
정 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while at work at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	12 - 17, 1965, to 1 - 28, 1966, that (1) (we) last
	t death occurred at M, from the causes and on the date stated above
22a. SIGNATURE ADDRESS M.D	ATTENDING MED. STAFF 1 /- > C
22c. PHYSICIAN'S NAME (Type) F.M Johnson, M.D.	22d. ADDRESS La Plata , Maryland
Burial, cremation, 23b. Date thereof Kankakee Me	em. Gardens Kankakee, Illinois
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home, IncLa Plata	a, Md. DAFEB 4 1966 Acharles Judge

VR A15 (4) 15M 4-64

TO HOSPITAL

BEAUG allend . seral dice programme and programme to the contract of the and the wind of the series and the series of is query consumeron . . Bendens-ron carriers . . . , EDS-20 3-2 and the second s Company of the second of the s The state of the s

DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY \$ 77 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 If outside corporate limits, write RURAL and give nearest pue write RURAL and give negrest town) è filled in l hours after OF HOSPITAL OR INSTITUTION (if not in hospital, give street address. completely Dabers. NAME OF First Last DATE Month Day 72 DECEASED OF (Type or print) = DEATH carbon 6. COLOR OR RACE AGE In years | IF UNDER I YEAR NEVER MARRIED and put highday) Months Days DIVORCED The law requires that the death certificate physician USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if ratired 13. FATHER'S NAME attending Deag 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgive war or dates of service) INTERVAL BETWEEN permit. 18. CAUSE OF DEATH Enter only/one cause/par r attending physician. has been signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY ŏ IMMEDIATE CAUSE (a) burial-transit DUE TO gava rise to immediate cause DUE TO (a), stating the underlying burial. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. certificate CERTIFICATION the hospital 35 0 USB Prior 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part I or Part II of item 18.] detached for After this FIF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) lactory, street, office bldg., atc.) While Not While Hour a.m. Jo. at work at work p.m. RECTOR: -attended the deceased from 1706 (This hospital) .1966., and that death occurred at / ISPM, from the causes and on the date stated above. the 22a. SIGNATUR ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D. death. Page . offed 220 PHYSICIAN'S 22d. ADDRESS O HOSPITA NAME (Type) director, filed LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE

a. 15 RESIDENCE

Year

19

IF UNDER 24 HRS.

WAS AUTOPSY

PERFORMED?

NO

(State)

22b/ DATE

(State)

MIGNED

ON A FARM? YES NO B

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FOR STATE DEPT.

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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WE ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00625 MEDICAL EX	AMINER'S CI	ERTIFICATE	OF DEATH	08615
1. PLACE OF DEATH a. COUNTY CHARLES	MARYLAND 2	a. STATE New Jerse	The state of the s	ution: Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) La Plata		c. CITY OR TOWN (If out	1 2	RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street eddress)	d. STREET ADDRESS	0/	e. IS RESIDENCE ON A FARM?
Physicians Memorial Hospita	1	11 Sherm	nan Place	YES NO
3. NAME OF First DECEASED (Type or print) JOHN	Middle	CATALDO 4.	OF DEATH I	Day Yeer 66 17 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NI Male White WIDOWED	EVER MARRIEO 8. DIVORCED /-	-25-1906		onths Days Hours Min.
		11. BIRTHPLACE (State	or foraign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1-10	4. MOTHER'S MAIDEN	NAME DE	Prestie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or umkown) (If yes gire war or dates of service)	3.4 4.6	FORMANT	Address	ha B
18. CAUSE OF BEATH [Enter only one cause per line for		erine (A)	H1-00 - 2/45	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9)		raumatic inj	uries	ONSET AND DEATH
8239 DUE TO				
Conditions, If any, which (b)				
gave rise to immediate cause (a), stating the underlying cause last.				
A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T				YES NO
			ury on Partighway of	61 Highway and
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	o light pole occurred 20e. PLACE factory,	OF INJURY (Homa, farm, street, office bldg., etc.)	20f. (City or town)	(County) (State)
8:01 xxxx. 1-17 19 65 While at work	ot While K	Bridge		CHARLES MD.
21. I certify that I took charge of the remains of death resulted from: Natural causes . A	lescribed above, held a coident [X]. Suicid		nspection , Inquiry, Undetermined m	
Onto 0		CHIEF MEDICAL E	KAMINER X	
SIGNATURE // Y 717 WALL		M.D. ASSISTANT MEDIC		22. DATE SIGNED
EXAMINER'S RUSSELL S. FISHER,	M.D.	DEPUTY MEDICAL Address (Street, c	ity, town, or county)	1-17-66
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. REMOVAL (Specify) 24. FUNERAL DIRECTOR	NAME OF CEMETERY OF	Ichre	23d. LOCATION (City, town ASTORAN) BY REGISTRAR 25b. REG	n or county) (State)
Ellsworth Armanost Thool	iberty Herek	outan 1	9 1966 gely	arles Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

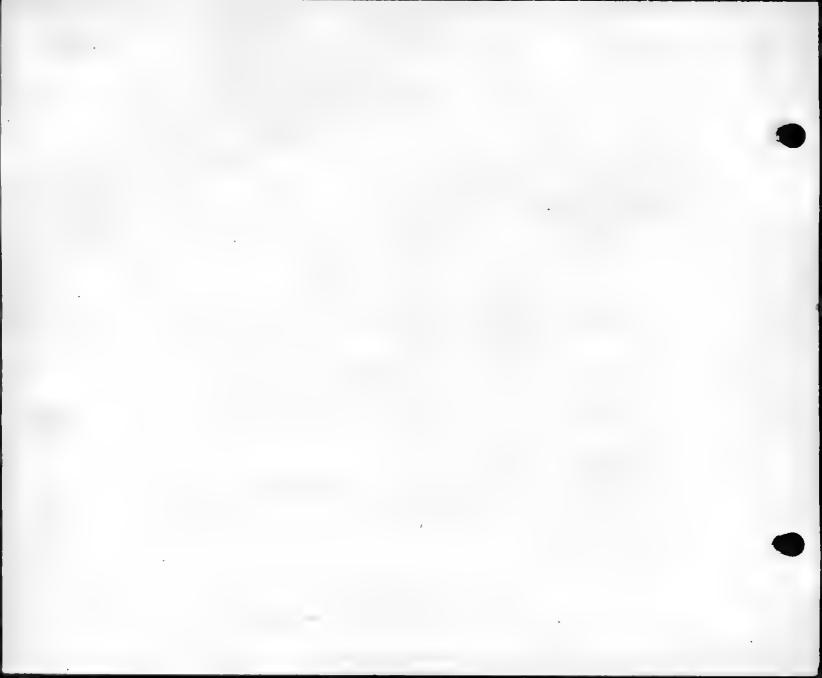
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	MARYLAND STATE DEPARTMENT OF HEALTH	
A BIMSION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
UU040	CERTIFICATE OF DEATH	00010

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Ri	esidence before admission)
Charles MARYLAND	Maryland Ch	arles
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL	end give nearest town)
write RURAL and give nearest town) La Plata	Welcome (Rural)	08-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Physicans Memorial Hospital		YES A NO
3. NAME OF DECEASED (Type or print) Pussel Gordon	Last 4. DATE Month OF DEATH	7 19 (C
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		Days Hours Min.
WIDOWED DIVORCED	76/1897 68 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT DUNTRY?
Farmer Farming		I.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Croft	Fannie B. Davis	
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	Old Inches
No 213-16-2495 M	Mr. Wilson Croft -Son-LaPl	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		
1 33 / X DUE TO	Y	110.
Gonditions, if any, which gave rise to immediate (b)	- 4 1	Tapys
cause (a), stating the DUE TO underlying cause last.	aling lesson.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
E Phenong.	The second secon	YES ND
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Pert 1 or Part 11 of Item 18.	•)
factor	CE DF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bidg., etc.)	inty) (State)
Hour a.m. While Not While at work	y, strong our or	
21. I certify that (I) (this hospital) attended the deceased from	13 , 1965, to 1/7 , 196	that (I) (we) last
saw the deceased alive on 1965, and that	death occurred at 10 0 M, from the causes and on the	
22a. SIGNATURE		7/1966
(to us M. Marlans M.D.	. PHYS. DIRECTOR PHYS.	771900
22c. PHYSICIAN'S PRIUPO M. MONTENZO	22d ADDRESS Plate, Wd.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Buria (Pecify) 1/11/1966 Methodist		
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR	
Arehart Funeral Home, IncLa Plata	, Md mater 14 1966 / Thursle	Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF BEATH 8. COUNTY HEALTH DEP USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. a. STATE **b.** COUNTY MARYLAND lay is necessary, 13 to the funeral Page 5 may be Department after death b. CITY OR FOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OUA e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? State YES __ NO _ and and Month NAME OF First Middle 4. DATE Year Last \$\lambda DECEASED PR's DEATH (Type or print) 製品 AGE (In years last birthday) HE UNDER 1 YEAR HE UNDER 24 HRS the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form SEX 6. COLOR OR DATE OF BIRTH 7. MARRIED YEVER MARRIED Months Days Hours WIDOWED DIVORCED 2 and Toa. USUAL OCCUPATION (Girl kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE 12. CITIZEN OF WHAT (State or foreign country) COUNTRY $\overline{}$ 0 pages 1 in any FATHER'S NAME/ MOTHER'S MAIDEN NAME 14. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address permit. 1 removal, (Yes, no, or unkown) | (If yes give war or dates of service) 6 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a). stating 6.0 underlying cause last. (c) ed as burial OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CATION PERFORMED? YES NO To us to CERTIFI be 20a, EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18. PRIMARY OF CONTRIBUTING CAUSE OF DEATH. P 5 3 should agent, p CAL 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. MEDI While Not While 19 at work ___ at work L DIRECTOR: Page or its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Vinguiry and in my opinion for your files. Undetermined manner death resulted from: Natural causes Suicide Homicide Accident CHIEF MEDICAL EXAMINER execute Page 4 O DEPUTY MEDIC DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR FUNERAL I DERUTY MEDICAL EXAMINER EVALUATE T director. retained ss (Street, city, town, or county) NAME (Type) /23d. LOCATION (City, town or county) (State) DATE THEREOF 23c-NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. REMOVAL (Specify) of 0 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15ME FUNERAL Hem C POMONK -3500 4-64



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY **b. COUNTY** Charles Charles Marvland by the t MARYLAND death. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (II outside corporele limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) completely filled in b La Plata La Plata (Rural Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Physicans Memorial Hospital Star Route 3. NAME OF 4. DATE Middle Month Day event, within 72 DECEASED Type or print) ROBERT DEATH DAVIS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR **LE UNDER 24 HRS** last birthday) | Months | Days and Hours Male WIDOWED DIVORCED October physician 10a. USUAL OCCUPATION (Give kind of work IDE. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & Slete, or fore on country) done during most of working life, even if retired; In any Motor Equipment Operator-Md.St. Roads Gravton 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Agnes M. Henderson Robert H. Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.1 17 (Yes, no, or unkown) (Ifyesgivewerordatesofservice) LeRov Davis-Nanjemoy , Maryland 18. CAUSE OF DEATH (Enter only one couse per ling Top/101, (b), and/(c).) has been signed by PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT After this certificate CERTIFICATION PERFORMED? US6 25 9 NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pent I of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home, Jerm, 1 20c. TIME OF INJURY Month, Day Year 2Dd. INJURY OCCURRED 2Df. (City or town) (County) (State) tectory, street, plf-ce bidg., etc.) While Not White Hour e.m. et work et work DIRECTOR. to....., 19...., that (I) (we) last 21. | certify that (I) (This bospital) attended the deceased from M, from the causes and on the date stated above saw the deceased and that death occurred at 22e. SIGNATURE 22b. DATE 960 SIGNED **ATTENDING** STAFF with the DIRECTOR PHYS. PHYS. M.D. death. Page 4 paged 22d. ADDRESS 22c. PHYSICIÁN'S NAME Trypi director, filed 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)

Nanjemoy Baptist Cemetery

uneral Home, Inc .- La Plata, Md.

Maryland

Nan jemov

O VR A15 (4) 15M 7-62

REMOVAL (Specify)

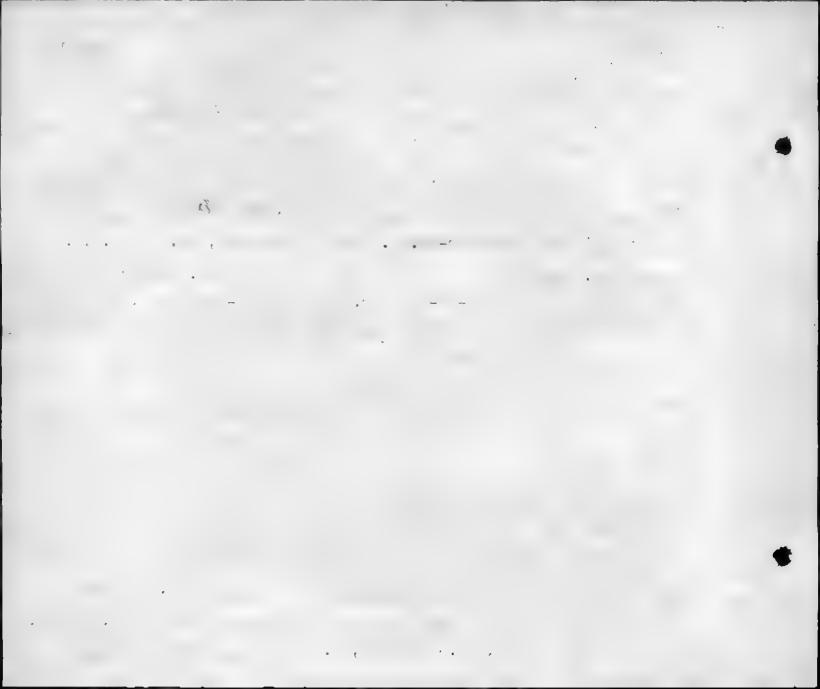
24 FUNERAL DIRECTOR'S SIGNATURE

Burial

requires that the death

the hospital or attending

HOSPITA



TO FUNERAL DIRECTOR: After this certificate his been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 miles is the burial line filed with the State liept, of Illalth prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death, THE HISPITAL OR LITERAING PHYLILIN. The law requires that the death cartificate be Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	UUDZS			CERTIFIC	JATI	OF DEATH				nus	18
1.	PLACE BF DEAT a. COUNTY	И				2. USUAL RESIDENCE	E (Where deceas			esidence be	efore admission
	Charles			MARYLA	SAUD.	a state Marylai	n đ	Charl			
_	b. CITY OR TOW	/N (if outside corpo	orate limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If				and give	nearest town)
_	Write KUKAL	and give nearest i	town)	6-Hours							7
La	Plata M	O SPITAL DE INSTITU	TIDN (if not la h	ospital, give street add	dra an'	Rison d. STREET ADDRESS				. /	IS RESIDENCE
F	hysicia	ns Memor	rial La	Plata Md.	uless)	d. SIKEEI ADDRESS				YES	ON A FARM?
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Month		Day	Year
	(Type or print)	Rudolph		D	igg	S	OF DEATH	1-20	-66		19
5.	SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED		L DATE OF BIRTH	9. A	GE (In years	FUNDER		
M	[ale	Negro	WIDOWED	DIVDRCED		3-22-28	3	ast birthday) 7 yrs.	Months	Days I	Hours Min.
K E	etired-U	FION (Give kind of wo ling life, even if ret S. Govt.	orkdone 10b. K ired)	IND OF BUSINESS DR		Chicamat	ounty & State, or uxin Mo	fereign country	12. CI CO US	TIZEN OF DUNTRY?	WHAT
13	FATHER'S NAM Park Di					Rachel					
1:		EVER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Addres	9		
(Y	es, no, or unkawn)	(If yes give war or dat	es of service)	13-24-408		chel Digg:	s-Siste		-	d.	
				ne for (a), (b), and (c).]		······································			INTERV	AL BETWEEN
	PART I. DI	EATH WAS CAUSED IMMEDIATE CAU	BY:	tro-enter	4+4	e Monto				7-Da	
	191	0	UE TO			3- 44-6-6-					U .
	Conditions, If			iral Infe	o t.t	ดท				7-D	ays_
	gave rise to		UE TO	<u> </u>	<u> </u>	O11.					
	cause (a), si underlying caus	COLUMN THE									
NO			(c)	TING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISFASE CONDIT	IDN GIVEN IN E	PART 1(a)	19. W	AS AUTOPSY
ATI	Malnt	trition						7577 577 577	, , , , , , , ,		ERFORMED?
IFIC	20a ACCIDENT	WAS UNDERLYING	20b. D	ECCDIDE NOW INTUDA	/ neeu	RRED. (Enter nature of	talum la Dart	Lor Dorf II of	Itam 10	YES	☐ NO 🔀
CERTIFICATION	OR CONTRIBUTE	ING CAUSE OF D TIFY MEDICAL EXA	EATH MINER)	ESCRIBE HUM INTORI	0000	RKED. (Enter nature of	mjuly in Part	I OI PAIL II OI	Item 10-	,	
MEDICAL		INJURY Month, Da	y, Year 20d. II		e. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f. (Cit	ly or town)	(Соы	nty)	(State)
4ED	Hour a.r		While at work	Not While	Iactui	y, su eet, omes bidg., e					
~				d the deceased fro	m 1	-20-66 10	9 to	-20-6	5 10	that	(i) (we) [sef
	saw the de	ceased alive on 1	-20-66	19 an	d that	death occurred at.					
_	22a. SIGNATUI		1	, 011	d that		111 11 0.11	110 000000		ATE SIGNI	
_	10	(>0	3 V -	00000	➤ M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.	1 -	21-6	6
	22c PHYSICIA	IN'S			MI,U.	22d. ADDRESS	MILLOTON C	111131 1			
	NAME (S	ames E.	Indrews	MD		Indian	n Head	Md.			
23:	A. BURIALICREM		E THEREOF	23c. , NAME OF CEM	ETERY	OR CREMATORY		TION (Gity, to	wn or con	nty).	(State)
	REMOVAL (Spe	ecify) 1- 2	01/1/	M. Cal.	15	not 11/1	motion	(2)	11	m	d.
24	. FUNERAL DIRE		1 00	ADDRESS	U_f	25a. REC	'D BY REGISTR		GISTRAR'S		
	Tolor and	- Ton	Witco	10011GA	20	NW ZSa. REL	26 198	6 401	my Pari	Onest	al.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

in a		00630)			CERTIF	ICATE	OF	DEATH				110	619
de 3		PLACE OF DEATH								Vhere dece	osed lived, if institut		ce before	odmissian)
7		a. COUNTY	nml oo			MARYL	LAND	0. 5	TATE		p (On			
1			arles If outside corporate fimi		1.	LENGTH OF STAY IN		((11)		land	rate limits, write RU		arle	
		write RURAL on	d give neorest town)	15,	,	LINGIN OF SIAL IN	1 10	L (11)	OK TOWN (B GO)	izide torbo	rote filmits, write Ku	KAL UNU GIVE	в пецтем	TOWITY
		Bryanto	wn						Bryantow	m				
		d NAME OF HOSP!	TAL OR INSTITUTION (If r	ot in ho	spitol, give s	street oddress)		d. STR	EET ADDRESS		,		e	ON A FARM?
4			12	CS					BRVAI	UTIC	WIN		Y	ES NO
1	3	NAME OF		irst		Middle		<u> </u>	Last	4. DATE	Mon	th	Day	Year
		DECEASED		org	^	M	T	auc		OF	, Ja	70	3	166
		(Type or print)								DEAT	9 AGE (In years	I IF UNDER	-	IF UNDER 24 HRS.
	\$		6 COLOR OR RACE		ARRIED	NEVER MARRIED	ه الــا		OF BIRTH		lost birthday)	Months	Days	Hauts Min
		Male	Caucasian	WIE	OWED	DIVORCED		8	Oct. 188	32	83 Yrs			
	100	USUAL OCCUPATION	4 (Give kind of work dani			F BUSINESS OR		11 B	RTHPLACE (County	& State, or I	ereign country)		TIZEN OF	WHAT
	dur	ing most at working	CICTHING	.	INDUST	AT IN MI	-	A.	DERSCI	V 77	DIHNIVA	_ (0	UNTRY?	1:5
		FATHER'S NAME	<u> </u>		C-6	1771146			OTHER'S MAIDEN N		azjinvivii.	-		
		7.	La 7011	-	7-1			F	MILY	11.	lliams			
	10	16 1	TV /nu		1 / 6064	1 0000000000000000000000000000000000000		NFORM	/	VVII				-25 1 4 /
	{Y∈	WAS DECEASED EAR (BY DECEASED EAR	R IN J.S. ARMED FORCES' (If yes give war or dates	of service	e) 10. SUCI	AL SECURITY NO	1 1/4.	N FUKANA L	ani /a	1	Addr	ss Jak	AN,	0.11/0,
	`	No			197/1	17-60/5	1/1/	112,	JOHN	11	111200			MO
			EATH (Enter only one co	use per	line far (o),	(b), and (c).)								RVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSI	(a)	Corona	7777							9NS	ET AND DEATH
		420		E TO	OUT OIL	<u> </u>								
		Conditions, if ony			Como I	Imantan	ei on						Page	t 3 week
	nse to immediate cause (a).									11 00	r o week			
		stoting the unde	rlying couse		_									
		ost .	,								<u>t disease</u>			ears
	Z	PART II. OTHER SI	IGNIFICANT CONDITIONS	CONTRIB	UTING TO DE	EATH BUT NOT RELA	ATED TO T	HE TERM	unal disease con	IDITION GIV	/EN IN PART 1(a)		19	WAS AUTOPSY PERFORMED?
Α.	CERTIFICATION													5 NO 🔽
4	FIC	20e ACCIDENT WA	S UNDERLYING 🗆		20b. DESCRIE	BE HOW INJURY OC	CURRED. (Enter no	ture of injury in I	Port I or Po	ort II of item 18.)			
	ERI		CAUSE OF DEATH											
			MEDICAL EXAMINER) URY Month, Doy, Yeor	-	304 INTURY	OCCURRED	200 PLAC	E OF IN	!URY {Home, farm	. 20f.	(City or town)	150	unty)	(Stote)
	MEDICAL	Haur o.	m.	-	While -	Not While -			t, affice bldg , etc.)		(cit) or town)	(20)	est (1)	(21018)
ļ	20	p.			at work L									
		21. I certi	i fy that (I) (this ho	spitol)	attended	the deceased	from	19 J	<u>an. </u>	9 <u>63.,</u>	to 3 Jan.	, 19_	66, th	at (I) (we) las
			eceased alive an_	31	Dec.	19 <u>.65_</u> , o	ind that	death	accurred at	9.45	M, tram causes			
		220. SIGNATURE	170	,	1	111		ATT	ENDING VEST	MED	STAFF -		ATE SIGNE	
ì			10000	710	夕,	M.D.	M.D	PHY	'S ALX	DIRECTOR	PHYS. L] 4 0.	an.	1966
		22c. PHYSICIANS						22	d ADDRESS					
		NAME (Type	Arthur 0.	Woo	ddy, 1	M. D			La Plat	a, M	aryland			
	230	BURIAL, CREMATI	QN. 23b DATE TI	IFREOF	7	SC NAME OF CEME	TERY OR O	REMATO	DRY	23¢ I	OCATION (City or To	wn)(J4	(C) (pt)	/ /- (State)
)	10	-REMOVAL (Specify		-6	6	CI MA	10.	14		1	1201101	17 (1)		AL IN
1	73	CUNIEDAL DIDECT) / · · · ·	()		ADDRESS /	1 LK Y	>	2So, REC'D	BA beute.	TOAD JOE DE	EGISTRAR'S S	IGNATUR	1/10
0	24	FUNERAL DIRECTO	7 111000	,	11	~ ADDRESS /	11_	1 -				Comme I	C. ()	edas
-	1	11/1/1	#1111556	1_	11/1/1	- CVH	11/1/16	IF.	M/DDATE AN	1 (1966	- Topic	W X	- The

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician old Ampletely filled in by the funeral director, page 3 should be detached for use as the bur al-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs affected that

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

executed within 24 hours after death

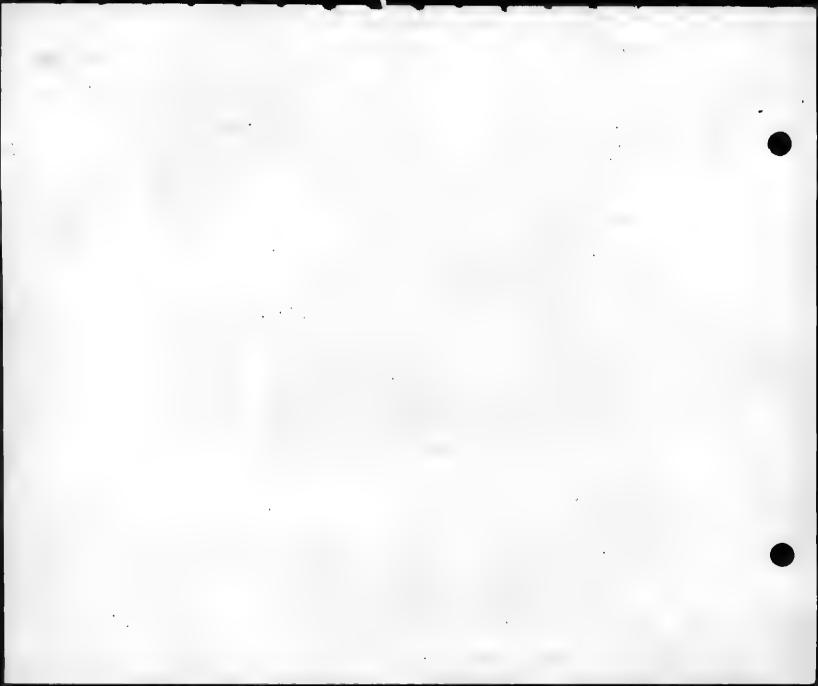


THE FUNDAL HIREOTHR. After this certificate has been signed by the attending plysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after death. **TO HOSPITAL OR ATTENUING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

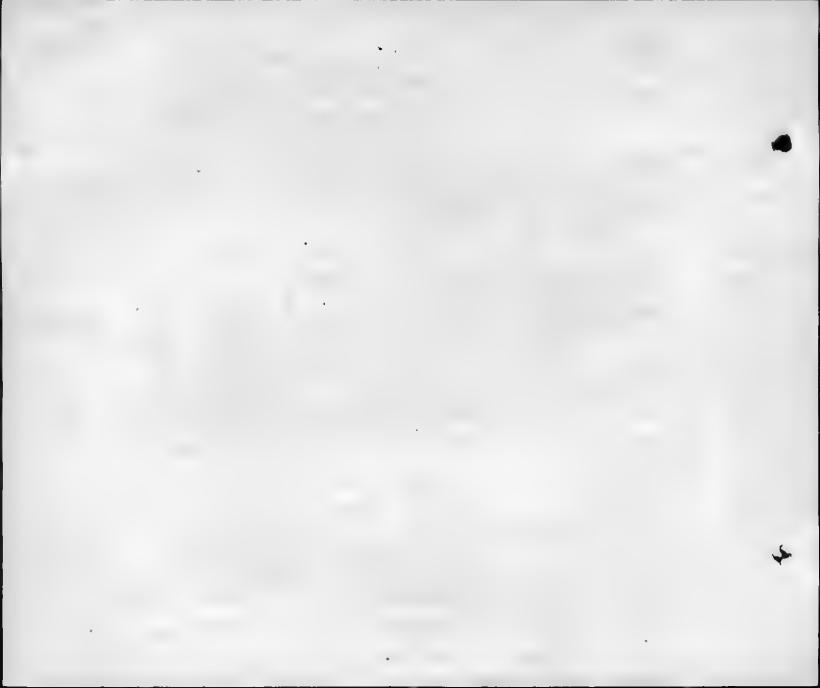
> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION DF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UD031 CERTIFICATE OF DEATH	1116211
1. PLACE DE DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	dence before admission)
a. SIATE / N _ B. COUNTY	IADICA
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL en	d give nearest town)
write RURAL and give nearest town)	a Greenware
MANY HUGHESUILLE	Le prelocuer
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Mysicitus Memorial Josp.	YES NO
	Day Year
(Type or print) DECEASED (Type or print) C. GOOD DEATH TAN.	9 1965
	EAR HE UNDER 24 HRS.
Man last birthday) Months Day	ys Hours Min.
	ZEN OF WHAT
during most of working life, even if retired) INDUSTRY	
TAKMING TARMER ISINSON, SCOTIAND I	U. S.H
13. FATHER'S NAME	
Edwin Courtney Good SR. KAtherine Gillessie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	11 11
(Yes, no or unknown) (If yes give war or dates of service) 218-12-9368 MRS. IDFASE Good Hughes VII	le VId
110 1100 11110 11110 11110 11110	NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (a) CV A. Seu 25	
DUE TO 1	. 1.
Conditions, If any, which) (b) The Ether	1 day
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c) CIZM. ARTERIOSCIEROSIS	,
	19. WAS AUTOPSY
Nus	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While p.m. 19 at work at work	(State)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from 19, 1966, to 1966	, that (I) (we) last
saw the deceased alive on 1966, and that death occurred at 5.00 M, from the causes and on the	date stated above.
22a. SIGNATURE 22b. DATE	
M.D. PHYS. MED. STAFF DIRECTOR PHYS.	9-66
22c, PHYSIOLAN'S	
NAME (Type) ATEURO M. MONTYRO La Mate, had	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county	y) (State)
BURIAL (SDACIFY) 1-12-66 TRINITY MEMORIAL GARDENS WALGORF	Md
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
HUNTT FINERAL HOME WALDER MY DATEAN 14 1959 1 months	1 1
TINDIT TWERAL MOME WATCHER MICHAN 14 1966 & markey	- Salaria Anna



1		Division	-4 STATISTICAL		YLAND STATI					DE 4 41 A D	WI AND	
STATE		00632	WEL		. EXAMINE			E OF D		KE I, MAK	0.0	321
HARFAT.	1.	PLACE OF DEAT •. COUNTY	arles		(. 1	2. USUAL RESIDENCE		eased lived, If		lence before	edmission
Ped /			(if outside corporate I mit		MARYLA			inia		B.C.D. a.t.		
		write RURAL en	d give neerest town)	ъ,	c. LENGIN OF STATE	N ID	c. CITY OR JOWN (I		rato limits, write	KUKAL and giv	re neerest to	Wn)
	<u> </u>		Plata	f t l b	1			ngton		1	3-	5
					pital, give street address)		d. STREET ADDRESS) C /.+1	. Chuna	4	ON	RESIDENCE
	3.	NAME OF	Johnson Mot	e1	Middla		Last	4. DATE	1 Stree	_	YES	NO
		DECEASED (Type or Print)		STINA	WIRRIG		MURRAY	OF DEATH	Month		-	66
	5.	SEX			D NEVER MARRIED	F 8,	DATE OF BIRTH		Janua:	IF UNDER 1 YEA	17	R 24 HRS.
		Female	White	WIDOWE)/5/65		last birthday)	Months Days		Min.
	10a	. USUAL OCCUPAT	IJON (Give kind of work	110b. KI	IND OF BUSINESS OR INC			or foreign coun	,	3 12. CITIZEN	OF WHAT	COUNTRY
	do	ne during most of wi NON	orking life, even If retired	1)	none		Md.					
	13.	FATHER'S NAME			110710		4. MOTHER'S MAIDEN I	NAME			~PA.88	Made sare v
		Date	rick Murray				Kathleen	Caim				
	15.	WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. KN	PORMANT	Certil	Address		-	
	(Ya	s, no, or unkown) (NO	lf yes give weror detasofse	rvice)			ick "urray	Charm	Chana	10.0		
	= -		DEATH [Enlat only ona	cause per li	ine for (e), (b), end (c),	Tet UI	tek mirely	OHEVY	Chase,		NT ERVAL BE	TWEEN
		Conditions, if any gover rise to immed (a), steting the cause lest.	DUE TO		rstitial Pne							
	8	PART II. OTHE			TRIBUTING TO DEATH BL	I TON TU	RELATED TO THE TERMEN	AL DISEASE CO	DNDIT ON GIV	EN IN PART 1(8)	19. WAS	AUTOPSY ORMED?
2	E		Cleft L:	ip and	d Palate.						YES X	NO 🗐
	CERTIFICATION	20s. EXTERNAL C. PRIMARY OF CO. CAUSE OF DEATH.	ONTRIBUTING 🗍 📗	b. DESCRI	BE HOW INJURY OCCUR	RED. (Ente	or neture of njury In Part	I or Part II of ii	tem 18.)			
	MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	JRY Month, Day, Yea	r 20d. I While at work		e, PLACE factory	OF INJURY (Homa, farm, , streat, office bldg., etc.)	20f. (City o	or town)	(County)		(Stata)
		21. I certify the	hat I took charge of	f the rem	ains desembed above	e, held	an Autopsy X.	Inspection [, Inquir	y 🔲, an	d in my	ppin'on
		death resulted	from: Natural ca.	Jses X ,	Acciden)	Suicide	Homicide	, Unde	etermined ma	anner 🔄		
			611		1/		CHIEF MEDICAL E	XAMINER				
		ACTUAL SIGNATURE	- ha	eler S	Cotty.		M.D. ASSISTANT MEDIC	CAL EXAMINER	X		DATE SI	SNED
		EXAMINER'S	Charles S	S Pat	tty MD		DEPUTY MEDICAL	_]	1	L/16/6	6
*	22e.	NAME (Type) BURIAL, CREMAT C REMOVAL (Specify	ON, 226. DATE THEREC		220. NAME OF CEMETER	RY OR C	Address (Street, c		unty) ON (City, town,	or country]	(Ste	te)
		Burial	1/18/196	6	Arlington M	atio	nal	Arlino	rton	τ:	ī.	
	23.	FUNEROL PRICES			tt City, Md	l. f	or 24s. REC'	D BY REGISTRA	R 24b. REG	STRAR'S SIGNA	TURE WAR	
		urphy	Fun ral Hon		lington Va		NAN_	10 196	0 /	1	1_	- 7
		Parent .	1777	19						1,00		



VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	0063	3		CERTIFIC	ATI	OF DEATH				11	1629
1.	PLACE OF DEAT a, COUNTY Charle			MARYLA	Nn.	2. USUAL RESIDENCE Maryland	E (Where		COUNTY	Residence	before admission)
		NN (if outside corpora L and give nearest to	ate limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If o	utside c			AL and gl	ve nearest town)
_	Bryans	Road Md				Bryams Ro	oad :	Md	,	i	
	d. NAME OF HO			ospital, give street add	iress)	d. STREET ADDRESS	500	Manan			o. IS RESIDENCE ON A FARM?
-	#15	Shilo Ch				Indian He	n Ch	Manor urch	Road		YES NO A
3	DECEASED (Type or print)		First	Middle		Last	4. DAT DF DEA	E 7 ^	Month 5-1966	Day	
	SEX	6. COLOR OR RACE	17. MARRIED	Nichols Never Married	718	. DATE OF BIRTH		9. AGE (In	years LIFUND	R 1 YEAR	19 IF UNDER 24 HRS.
-	Female	W-US	WIDOWED			6-24=1891		7 rest birt	hday) Months	Days	Hours Min.
1D du	a. USUAL OCCUPA	TION (Give kind of work king life, even if retire	(done 1Db. K	IND OF BUSINESS OR		11. BIRTHPLACE (Cou	inty & Sta	te, or foreign	country) 12.	CITIZEN	OF WHAT
1	seamstr	ess	Tai	loring		Bloomfie		Ky.	US		
13	FATHER'S NAI	AE LILL C		^		14. MOTHER'S MAIDE	N NAME			- 0	
15	WAS DECEASED	EVER IN U.S. ARMED F	NIDE	SOCIAL SECURITY NO.	2.71	LILLIAN		5,	SWID	EX	
[(Y	es, no, or unkown)	(1f yes give war or dates	of service)	5-07-4027	I.E	ISIE M.Joh 15-Shilo	ns. hur	Bryan ch Ro	Address S Road ad.	l Md	
				ine for (a), (b), and (c).)					INTE	RVAL BETWEEN
	PAKI I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Herr	orrhage C	ere	bral				12	Hours
	Cenditions, If	DUE	Art	erio Sole	rns	is-General	1			Tn	definite
	gave rise to	Immediate ((b)	0410 0010	201	10 00110101	dr.				TOTILITOC
	cause (a), s underlying cau	tating the {		g Process						In	definate
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITI	ONSCONTRIBL	UTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL DI	SEASE CO	NDITION GIV	/EN IN PART 1(1) 19.	WAS AUTOPSY PERFORMED?
IFIC	20a ACCIDENT	WAS UNDERLYING	1 20b. [DESCRIBE NOW INTIDY	OCOLU	RRED. (Enter nature of I	Industration	Dart Las Da	et II of them :	YE YE	S NO X
CERT	OR CONTRIBUT	ING CAUSE OF DEA	ATH	DESCRIBE NOW INJURY	OCCUI	CRED. (Enter natura of i	injury in	rant i or ra	rt II OF Item 1	(0.)	
MEDICAL	20c. TIME OF Hour a.	INJURY Month, Day,	Year 20d. II			E OF INJURY (Home, fari y, street, office bldg., etc		(City or to	wn) (C	ounty)	(State)
MEI	р.	m. 19	at work								
	21. I certi	fy that (I) (this hos	pital) attende	ed the deceased from							nat (I) (w/zd) iast
	22a. SIGNATU	ceased alive on]	-25-00	19, and	that	death occurred at5 -	- T-MF1	from the ca		DATE SI	
	Jan	(20	1.00		M.D.	ATTENDING MI	ED.	STAFF	n 1-	26-6	56
	22c. PHYSICI NAME (T	An's James	E.Andr	ews MD		22dADDRÉSS Indian	Hea	d Md			
238	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d.	LOCATION (ity, town or o	ounty)	(State)
24	Burial FUNERAL DIR	1 1/27/	/1966	Arlingto	n	Vational C	emet	GETRARI 2	hrling	ton.	Va.
			Homo.	IncLa Pl	9+.		2. 8	1966	J. Chinange		
	ver effect 6	- uneral	nome).	TATO - TIC II	Ldiv	A PILL OF DATE OF IN	40	10001	(f	0-	



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) th. It any by is necessary, to the funeral director. Page the retained for your files. It he State Board of Health, e. COLINTY e. STATE b. COUNTY Charles Maryland Charles MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporete limits, write RURAL and give negrest town) write RURAL and give nearest town) LaPlata, Md. LaPlata, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Physicians Memorial Hospital Hawthorne Country 3. NAME OF Midd e DATE DECEASED OF (Type or print) JAMES. PURDY DEATH 1-4-66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR last birthdey) DIVORCED A WIDOWED [male white 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Manager Hawthorne Country Club/ New York pages 1 within Office along with form PM3. burial-trensit permit. File pages noval, and in any event within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unkown Unkown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [fyasgive werordates of service] U.S. Army Discharge Papers 71-14-8448 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), (PART I. DEATH WAS CAUSED BY: Fatty metamorphosis of the liver, severe IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause "pending" ю **DUE TO** (e), slating the underlying Examiner 50 cause lest. used cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Peri I or Peri II of (tem 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | PICAL EXAMINER: 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 1 20f. (City or town) fectory, street, office bldg., etc.] Hour a.m. While Not While at work el work prior 21. I certify that I took charge of the remains described above, held an Autopsy IXI. Inspection Accidente Suicide [Undetermined manner death resulted from! Watural causes X Homicide CHIEF MED CAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, M.D. EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION | 226. DATE THEREOF 22d, LOCATION (City, town, or country) REMOVAL (Specify) 0 0 2 Arlington National Cemetery Arlington Vir VS. A15ME Home, Inc .- La Plata, Md. 1966 Funeral

a. IS RESIDENCE ON A FARME

YES NO

19

INTERVAL RETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

YES 😿

and in my opinion

DATE SIGNED

1-5-66

(County)

IF UNDER 24 HRS.

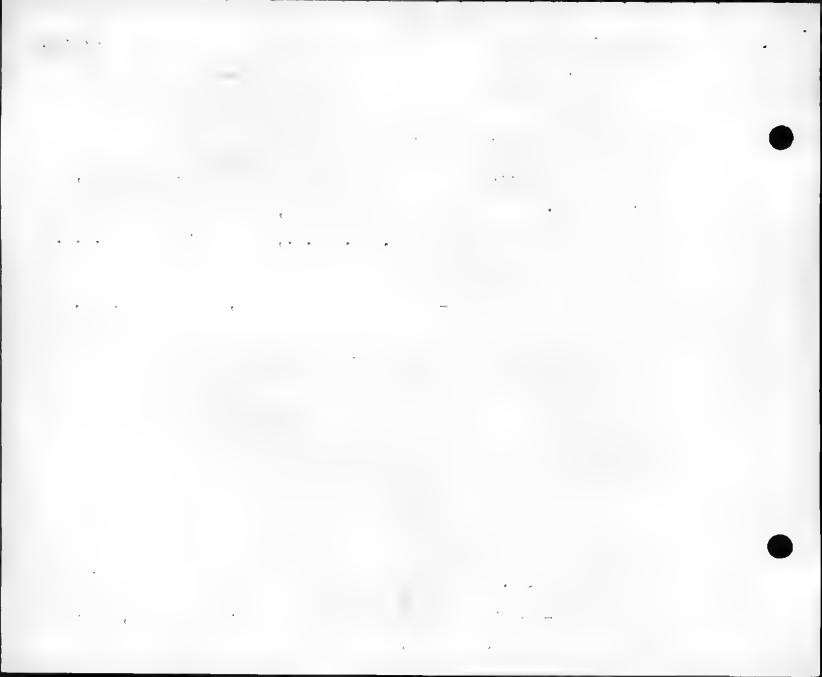
5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH
F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

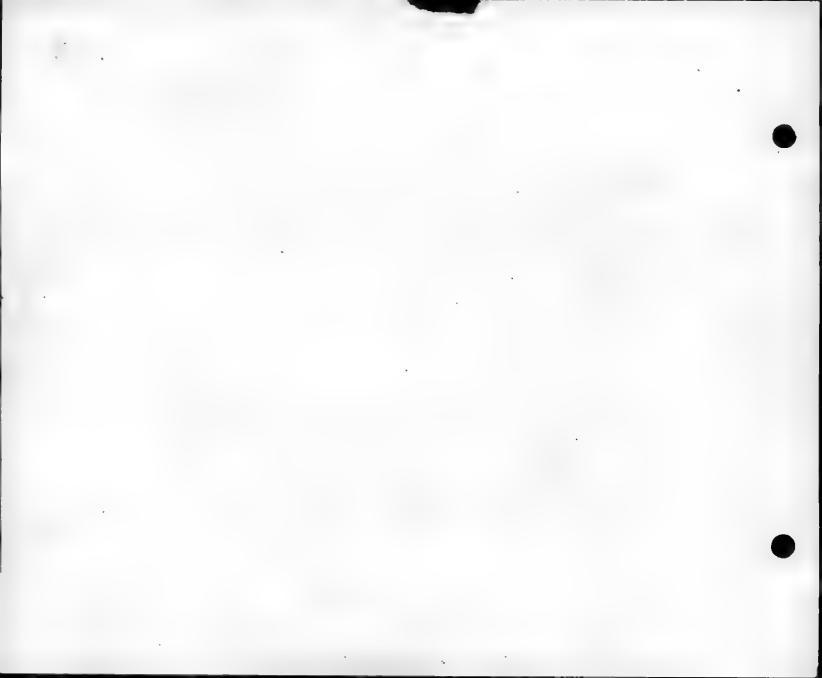
DOG35 Items #13 CERTIFICATE OF DEATH DOG35 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. STATE Maryland b. COUNTY Charles D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I.a. Plata C. LENGTH OF STAY IN 1b Indian Head	
a. COUNTY Charles a. STATE Maryland b. COUNTY Charles b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) a. STATE Maryland b. COUNTY Charles c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
write RURAL and give nearest town)	own)
	,
d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d, STREET ADDRESS 6. IS RESIDE	NCE
	X
3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED	
(Type or print) Grafton Rennoe DEATH January 11, 1966	
5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years lift Under 1 YEAR FUNDER 24 Hours Months Days Hours Months Days Hours Married Months Days Months Months Days Months	VIIn.
MIDOWED DIVORCED July 5, 1897 68 yrs.	
10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Naval Prop.Pit. P.G., Maryland U.S.A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Unk/ Alexander Rennoe Unk/ Emma Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, 170, or unknown) (If yes also was or dates of service)	
No 214-40-1920 Louise Rennoe, Indian Head, Md.	
18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] [INTERVAL BETWEE ONSET AND DEATH [Enter only one cause per-line for (a), (b), and (c).]	EN
PART I, DEATH WAS CAUSED BY: JIMMEDIATE CAUSE (a) Alemanary thrombook	111
610 X DUE TO D 4 - 2	
Conditions, if any, which) of operation prostatectoring	
gave rise to immediate	
cause (a), stating the DUE ID Countries (c)	
	PSY D?
	13
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
G OR CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	(e)
Hour a.m. While Not while factory, street, office bidg., etc.)	
	lact
21. I certify that (I) (this hospital) attended the deceased from 12-13 1965, to 1966, that (I) (we) saw the deceased alive on 1966, and that death occurred at 25 M, from the causes and on the date stated ab	
	OVC.
228, SIGNATURE 22b. DATE SIGNED	
228. SIGNATURE (ACTIVES M.D. ATTENDING MED. STAFF 226. DATE SIGNED 1226. PHYSICIAN'S 1-11-66	
228. SIGNATURE ATTENDING MED. STAFF 226. DATE SIGNED ATTENDING MED. STAFF 1-11-66	26
228. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS. DIREC	2/4
228. SIGNATURE (ACCUMES M. Fadeley 226. PHYSICIAN'S NAME (Type) James M. Fadeley 230. NAME (Type) 230. BURIAL (REMATION, 230. DATE THEREOF 231. BURIAL (REMATION, 230. DATE THEREOF 232. NAME (Type) 233. BURIAL (REMATION, 230. DATE THEREOF 234. BURIAL (REMATION, 230. DATE THEREOF 236. NAME (Type) 237. NAME (Type) 238. SIGNATURE MED. STAFF PHYS. DIRECTOR PHYS. DATE SIGNED 220. ADDRESS 230. LOCATION (City, town or county) (State	34
228. SIGNATURE CHOWNES M. Fadeley ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS	24

VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· · ·			00636	CERTIFICATE	OF DEATH	00625
equires that the abatin certificate, the executed within 24 hauts after about physician. Signed by the attending physicide and campletely filled in by the funeral burial-transit permit. Then please remained corban papers. Pages I and Z burial, crematian, at remayal, and in any event, within 72 haurs after death.		C	LACE OF DEATH . COUNTY CHARLES	MARYLAND	O. STATE M D.	hved, if institution Residence before gdm ssion) b COUNTY CHARIES
n by the fit.			CITY OR TOWN (if outside corporate limits, write RURAL and give nagrest fown)	c LENGTH OF STAY IN 16	d STREET ADDRESS	limits, write RURAL and give nearest town)
filled in papers	64.		LNAME OF HOSPITAL OR INSTITUTION (If not in hospital, Thysicial)	Hospital	LA PIATE	Month Day Year
umpletely filled ve carban pape event, within 72]	Type or print) LAMES	Middle Edward NEVER MARRIED 8	DATE OF BIRTH 9.	AGE (IN YEAR) IF UNDER 24 HRS.
Temave		100	USUAL OCCUPATION (Give kind of work done 10b k	DIVORCED DIVORCED CONTROL CONT	941975	lost by thdoy) Months Doys Hours Min on country) LCR FZ COLLEN OF WHAT
ys cida ptease at, and i			FATHER'S NAME	NOUSTRY FARMING	14. MOTHER'S MAIDEN NAME	10 1 2.
nor me aeam cern; n. sy the attending phy ansit permit. Then remation, ar remava				. SOCIAL SECURITY NO. 17. IN	FORMANT 5. Eliza Smith	BANDYWINE, MD
rne aer he affer it permi			1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:		5. EII LA 2111111	INTERVAL BETWEEN ONSET AND DEATH
res man sician. led by t lal-trans	и		IMMEDIATE CAUSE (o)	Philippi	Bildean	12 lous
	*		trise to immediate couse (a), stoting the underlying couse last. (c)			
litian: The Taw Tribital ar attending trificate has been d for use as the at Health priar to		CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
aspital ar certificate thed for u		AL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		inter noture of injury in Port I or Port I	
ING FIN by the h ter this be detacted tate Dep		MEDICAL	Hour o.m. While p.m. 19 of wo	e Not While foctor	ry, street, office bldg., etc.)	(County) (Stote)
may be retained by the has RAL DIRECTOR: After this cell page 3 should be detache be filed with the State Dept			21. I certify that (I) (this haspital) after saw the deceased alive an 1/20. SIGNATURE	19 6 , and that	death accurred at 11:35 a M,	fram causes and an the date stated above
AL OK on by be reported to the original of the original orig	1		22c. PHYSICIAN 3	DEW M.D	ATTENDING MED. PHYS. DIRECTOR E 22d. ADDRESS	STAFF 18/66
Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	1	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		TION (City or Town) (County) (Store)
VR A15 (4) .	7	24 46	FUNERAL DIRECTOR	BRICES C	2So REC'D BY REGISTRAF	25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH b. COUNTY Charles Maryland mpletely filled in by the fi papers. Pages 1 and 2 s in 72 hours after death. MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) (Rural)-Spring Hill La Plata d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Physicans Memorial Hospital 3. NAME OF DECEASED 4. DATE Month AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be retained by the hospital or attending physician. Middle Last ELIZABETH ROSSITER January 9. (Type or print)

and con carbon	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 15 UNDER 24 HR last birth day) Months Days Hours Min
ysician mover move mover mover mover mover mover mover move move move move move move move move	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) red -Welfare Dept. Pennsylvania U.S.A.
ding ph	Wilson Q. Haupt 14. MOTHER'S MAIDEN NAME Mynn Shindel
he attend Then proval, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT Address MG. (Yes, no. or unknown) (Ifyesgive wer or deless of service) Yes. Mr. C. Frank Rossiter-Husband-La Plate
quires thysician, ned by the permit to a remain of the remains of	PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) HOUR COLORETY OCCUPANTY MANUAL CAUSE (b) HOUR COLORETY OCCUPANTY MANUAL CAUSE (c) HOUR COLORETY OCCUPANTY MANUAL CAUSE (d) HOUR COLORETY MILE S
he law re tending pl been sign urial-transi , crematio	Conditions, if eny, which goverise to Immediate couse (b) Arteriosclaratic Cardiovasculas Disease 34RS [b) Arteriosclaratic Cardiovasculas Disease [c), stating the underlying DUE TO
CIAN: Total or at ficate has the burial to burial	Couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED PERFORMED YES TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPPERFORMED TO DOT THE TERMINAL DISEASE CONDITION GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN G
PHYSI the host this certification d for use sith prior	20s. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING sined by R: After detache	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) 4 work et work et work 19
ATTE / be reft / be reft ould be rate Dep	21. I certify that (I) (this hospital) attended the deceased from 27 24 319 to 19 to
TA CONTROL OF SAL DIE SAGE 3 sh iff the Si	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1-9-66
HOSPI Puncil Puncil rector, p	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2 P A15 A4	BUTIAL 1/11/1900 MEINITY Mem. GATGERS WALGOTI , MG. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 7-62	Arehart Funeral Home, IncLa Plata, Md. Oct AN 14 1956

Charles

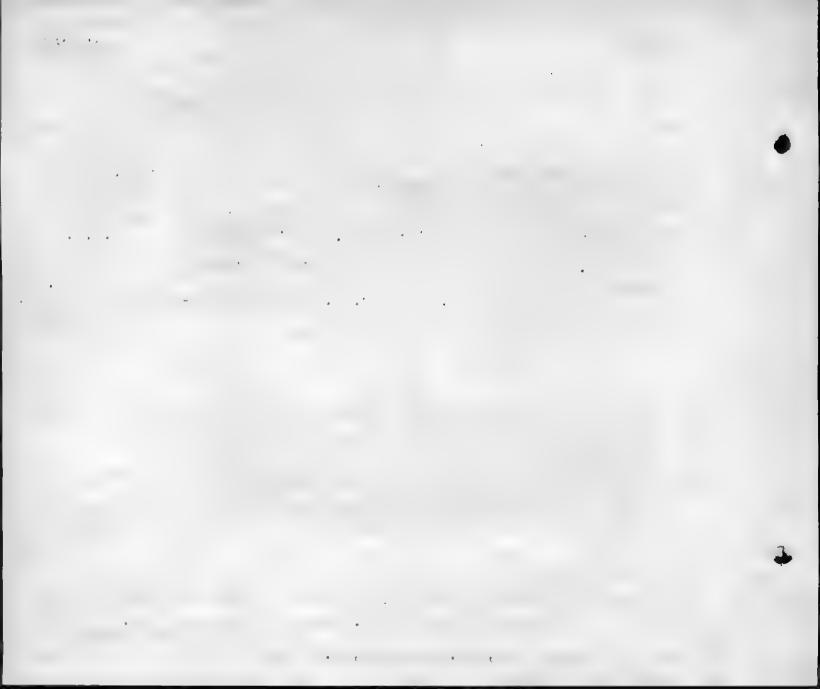
Day

IS RESIDENCE ON A FARM?

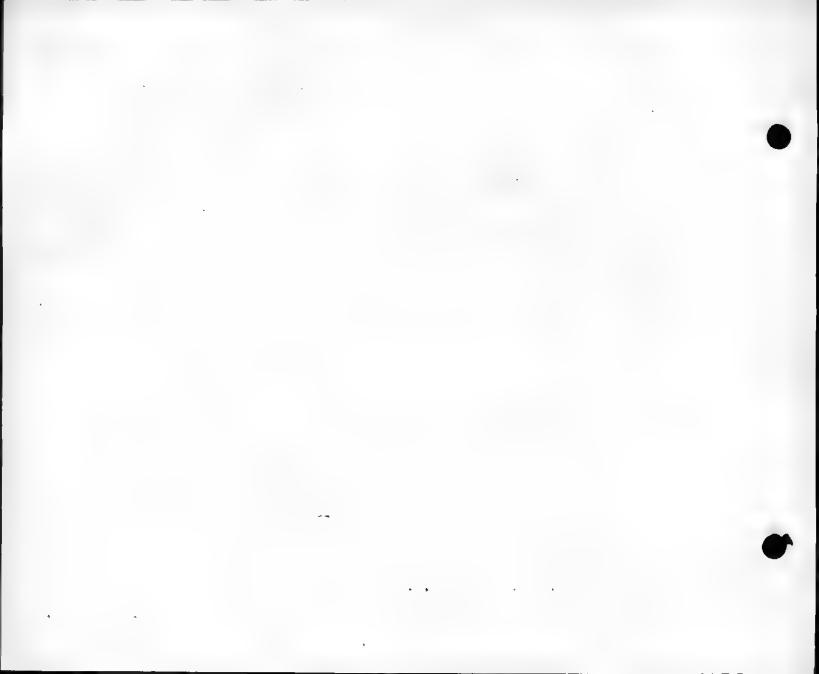
YES NOT

19 06

Year



1-	Items 18&21 Film G373MARYEAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00027
HEALTH DEPT	A. PLACE OF DEATH a. COUNTY CHARLES 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND
cessary, funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
5 m 5 m 16par	La Plata d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Paga urs urs	Physicians Memorial Hospital Houckville Road YES NO 🕏
2, and 2, and 2. The S 72 hc	3. NAME DF First Middle Lest 4. DATE Month Dey Year DECEASED (Type or print) SAMUEL RICHARD SOMERS DEATH 1 1 19 66
ith. If an Inches 1, 2 form P 2 with within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 8-28-1918 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min.
with and	10e. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ours after n 18. Gi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
4 hour ltem 1 office a file parand in	Robert Somers Susanna Harrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
in 24 Il in 1 r's Off it. Fi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes WW2 219-01-1779 Mrs. Thelma Somers, Hamsptead, Md.
EXAMINER: This certificate should be executed within 24 hours after death. If any delance certificate, writing the word "bending" in pencil in item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. files. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Si lesignated agent, prior to burial, cremation, or removal, and in any prest within 72 ho	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART 1. DEATH WAS CAUSED BY: Status epilepticus IMMEDIATE CAUSE (a) Status epilepticus
uld be executed "pending" in if Medical Exar a burial-transit cremation, or	Conditions, If any, which (b)
a but	geve rise to immediate cause (e), stating the DUE TO underlying ceuse last.
ficate shouthe word of the Child as used as to burlal.	C)
certifica lting the led to ti d be us prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) Fatty degeneration of liver Performed Performed
R. This certificate, writing forwarded to 3 should be agent, prior 1	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
EXAMINER 16 Certifica 18 Should be in files. CTOR: Page designated	p.m. 19 st work at work
EXAMENTAL EXAMENTAL EXAMENTAL FILES.	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
ME: Cecu. Page 4 for your L DIREC or its o	ACTUAL SIGNATURE CUSSICIO STANDA ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
DEPUTY ME: lease execut. rector. Page trained for you FUNERAL DIRI	DEPUTY MEDICAL EXAMINER 1-3-66 NAME (Type) RUSSELL S. FISHER, M.D. Address (Street, city, town, or county)
D DEPUTY ME: Dlease execut. 16 Cd director. Page 4 shoul retained for your files. D FUNERAL DIRECTOR: of Health or its design	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
of of the state of	Burial 1-5-66 Wesley Carroll Co. Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M A15ME (5)	Tipton-Eline Hampstead, Md. DAIAN 7 1966 Milientles Judge



TO DEPUTY MEDI. EXAMINER: This certificate should be executed within 24 hours after death. If any delay bessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pagm 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

> VR ALSME (5) 5M 1/65

	MARY	LAND STATE DE	PARTMENT OF	HEALT	Ή	
Division of STATI	STICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREE1	, BALTIMORE	1, MARYLAND
00639	MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	00628

	1. PLACE DE DEATH a. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b COUNTY Charles				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town.) Pisgan (Rural)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pisgah (Rural)				
5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \) NO (\frac{1}{2})				
		MPSON A DATE Month Day Year OF January 1, 1966				
'	Male Negro WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isat birthday) Months Days Hours Min. 6-14-1902 63 yrs.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender Bar	Indian Head, Maryland COUNTRY: S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Charles F. Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) 218-01-8269 Mr	Nannie M. Hawkins NFORMANT 2220 Savannan Terr.S.E. Daniel S. Thompson-Brother D.C.				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage-Throat					
	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO Cancer of the	Throat 6-Mths.				
A	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY THE PRIMARY OF CONTRIBUTING COLUMN CAUSE WAS CAUSE OF DEATH.	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)				
	ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 4 factory, street, office bldg., etc.) 4 factory, street, office bldg., etc.) 5 factory, street, office bldg., etc.)					
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry _X, and in my opinion death resulted from: Natural causes					
	SIGNATURE COLLEGE SIGNED 22. DATE SIGNED					
2	EXAMINER'S James E. Andrews, M.D. DEPUTY MEDICAL EXAMINER K Md. 1/1/1966					
}	Buffigat (Specify) 1/5/1966 St. Charles	Glymont , Maryland				
7	Arehart Funeral Home, IncLa Plata,	Md. DATIAN 5 1966 getworker Judg				
_	The state of the s					



VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00640	CERTIFICAT	E OF DEATH		00629
×1.	PLACE OF DEATH	** Va. Was	a STATE 77.	hare deceased lived, if institution. b. COUNTY	Residence before edmission)
_	write RURAL and give neerest town)	MARYLAND LENGTH OF STAY IN 16	11	de corporete I m.ts, write RURAL er	d give neares! fown)
	d NAME OF HOSPITALOR INSTITUTION (E not in hospital,	give street address	d. STREET ADDRESS 27	1 Im ix	IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE, 7. MARRIED WIDOWED WIDOWED	M dd.e	/ / 0		Dey Yeer 2 3 19 6 6 1 YEAR F JNDER 24 HRS. Days Hours M.n.
	O. USJAL OCCUPATION (Give, and of work in during most of working l.fe, even if retired)	POLL OR INDUST	No of Imon	tate, or toreign Country) · 12 Ci	TIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Allie Wasting	ton	14 MOTHER STADIOEN NAME	Clair	
15. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SEC	AL SECURITY NO. 17.	OS 2/11. Vastur ofer	Address N' + 1 / 2 mong /	8-x17 774
	(a), stating the underlying DUETO	to Congrest.	. 11 5	lure esse	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART H. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTED CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Bylt to	OT RELATED TO THE TERMINAL D		T 1(e); 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL			ACE OF INJURY (Home, ferm, 2D tory, streat, office bldg., etc.)	of. (City or town) (Co	unty) (State)
	21. I certify that (I) (this hospital) attended saw the deceased alive on	1966., and tha	The state of the s	, from the causes and on	the date stated above. 22b, PATE 23 25 GNED
23	BURIAL, CREMATION, 200 DATE THEREOF 230 DEMOVAL +Specify) LUTLE FUNERAL DIRECTOR'S SUSNATURE (PLACE / ELECTRICAL ALORS PLACE / ELECTRICAL ALORS (PLACE	Pak Granders Jack	or CREMATORY 2300 OVE 250. RECTO BY Control of the property		SIGNATURE CO JULIJE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Mary b. CDUNTY Charles Prince George MARYLAND Department after death. ecessary, c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Plata pper Marlboro after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS delay nd 3 to Page Physicians Memorial LaPlata State Rural hours NAME OF Middle DATE Month Dorothy Ellen Last 72 the DECEASED DEATH (Type or print) Borthy Bitin Windsor urs after death. If all 18. Give Pages 1, 2 along with form 2 with 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH Female 8-12-1893 W-USWIDOWED X DIVDRCED event 1Da. USUAL OCCUPATION (Give kind of work done | 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY -Housewife Tenent pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. xaminer's Office alo hours Unknown Elizabeth Windsor File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Son (Yes, no, or unknown) (If yes give war or dates of service) permit. removal, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). burial-transit cremation, or Coronary Occlusion MArterio Sclerosis General Conditions, if any, which gave rise to immediate **OUE TO** causa (a), stating the œ underlying causa last. Aging Process

Year -9-66 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Hours 12. CITIZEN OF WHAT COUNTRY TY-USA Prince George Alfred E. Windsor-Upper Marlboro Md INTERVAL BETWEEN **ONSET AND DEATH** mmediate Indefinite Indefinite PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI(a) PARTIENT WAS riding in a car with her son when she slumped WAS AUTOPSY CERTIFICATION riding in a car with her son when she slumped DOA.upon arrival at physicians Mem Hosp. Larla PERFORMED? over, she was 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work Inspection and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined mannel Suicide death resulted from: Natural causes Homicide Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1-10-66 EXAMINER'S NAME (Type) James E. Andrews Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Thomas Cemetery Crom 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro. Md.

a. IS RESIDENCE

YES NOX

DN A FARM?

EXAMINEM This certificate should be executed within sertificate, writing the word "pending" in pencil in ould be forwarded to the Chief Medical Examiner's used as a to burial, certificate, writing the should be 3 shoul agent, DIRECTOR: Page should Fage 4 s. your F DEPUTY MEN 9 FUNERAL I director. retained

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and unset

u 11 - . o. o .

Altha 1/12/66 35, August Resulter, Cook

Littodie Pros. Douby Marglero, Mr.

ADDRESS

24n, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/85

FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH. D + 10 84 // The state of the s La compara de la anna Peri Santa La The land was a very large MOTHER CHIEF STATE WAY TO SEE THE STATE OF Division of the service of the Married State of the State of t and the second of the second o and the section of the section with the section of THE RESIDENCE OF THE PARTY OF T that the problem is a problem of the state o